



## CITY OF ROCKY MOUNT - BID LIST APPLICATION

DELTON L. FARMER, PURCHASING MANAGER

331 S. Franklin Street \* P.O. BOX 1180 \* ROCKY MOUNT, NC 27802-1180  
(252) 972-1226 PHONE - (252) 972-1662 FAX

BIDDERS ARE REQUESTED TO COMPLETE ALL ITEMS                      DATE: \_\_\_\_\_

<input type="checkbox"/> NEW APPLICATION	<input type="checkbox"/> FEDERAL ID OR SOCIAL SECURITY
<input type="checkbox"/> NAME AND/OR ADDRESS CHANGE	
<b>* ATTACHED W-9 MUST BE COMPLETED AND RETURNED WITH BID LIST APPLICATION</b>	
1. Applicant's Name and Mailing Address For Bidding Forms and Purchase Orders	2. Remit Address for Payments (if different From Item 1.)
Fax # _____ Telephone # _____	
3. Type of Organization	4. How long in present business?
<input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Non-Profit Organization <input type="checkbox"/> Corporation	
Is Business Within City Limits    Yes    No <input type="checkbox"/> Non-minority owned	
Is Business Within County Limits    Yes    No <input type="checkbox"/> Certified woman owned	
	<input type="checkbox"/> Certified minority owned
5. Persons To Contact On Bids Or Quotes	
Name	Official Capacity                      Telephone Number
6. Type Of Business	
<input type="checkbox"/> Manufacturer <input type="checkbox"/> Wholesale Dealer <input type="checkbox"/> Retail Dealer <input type="checkbox"/> Limited Contractor	
<input type="checkbox"/> Factory Rep <input type="checkbox"/> Construction <input type="checkbox"/> Utility Work <input type="checkbox"/> Unlimited Contractor	
<b>7. LIST THE SUPPLIES, MATERIALS OR SERVICES PROVIDED BELOW</b>	
I HEREBY CERTIFY THAT INFORMATION SUPPLIED HEREIN IS CORRECT	
_____ PRINT OR TYPE NAME & TITLE	_____ SIGNATURE
FOR PURCHASING DEPARTMENT USE ONLY	
Date Entered	Vendor No.